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EPIDEMIOLOGY

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NATIONAL AIDS CONFERENCE REVEALS CONCLUSIONS

54000010c Praia VOZ DI POVO in Portuguese 9 Sep 87 p 12

[Release by General Directorate of Health: "National Conference on AIDS: 'Young People at the Center of Our Concerns'"; first paragraph is VOZ DI POVO introduction]

[Text] The segment of the Cape Verdean population that is between 14 and 30 years of age was at the center of the concerns of the National Conference on AIDS that was held at the Agostinho Neto Hospital from 2 to 4 September.

The conference--which was sponsored by the Anti-AIDS Action Group of MSTAS [Ministry of Health, Labor, and Social Affairs]--brought together representatives of the Ministry of Education, the FARP [People's Revolutionary Armed Forces], the Militia, the Police, the mass organizations, the churches, and the social communications and technical organs of the Ministry of Health, with the collaboration of a Portuguese specialist of the Institute of Oncology. It proposed a program that emphasizes the training of instructors, as part of an extensive campaign of information to enable the public to coexist with AIDS by adopting life styles that will restrain its catastrophic advance.

Attention should be called to the availability of the Christian churches for participation in the AIDS-prevention campaign through the influence they exert, and specifically, by persuading believers to follow strictly the standards of Christian morality with respect to marital relations.

Although the representative of the Catholic Church has stated that his church is opposed to the use of condoms, which to date have been regarded as the only effective method of preventing AIDS infection, the Praia parish priest--who represented the Cape Verdean Catholic Church at the conference--pledged to use the organs of the Church to transmit the message concerning the terrible scourge that threatens mankind.

The representative of the Adventist Church was more explicit: he pledged to organize lectures that would be open to the general public, and invited the organs of the Ministry of Health to participate with his church in the campaign.

Conclusions

1. The conference concluded that AIDS is a disease which is transmitted basically by blood or sexual contact, or from mother to child during the gestation period. It is an incurable disease.

It is present on all the continents, and the number of patients doubles every 10 months.

In Cape Verde 49 seropositive cases have already been recorded, eight of which have entered the active phase of the disease and three have resulted in death.

There is a long latent period, and the absence of any treatment--together with the failure of any form of natural resistance to make an appearance--causes the disease to advance in an unspectacular but absolutely relentless fashion.

The way for us to protect ourselves is:

[a] To learn how to coexist with AIDS.

[b] To discover a vaccine and cure for the disease.

2. The convergence of efforts and ideas on the part of the various sectors represented at the conference was recognized as an indispensable element in the process of instructing the public on how to coexist with AIDS.

It was deemed desirable that the campaign be waged on several fronts simultaneously so as to reach various sectors of the public. The "public at large" should be reached not only through actions taken by the social communications media but also through actions taken in the churches and mass organizations. The message should obviously be adapted to the individual sectors of the public, thereby avoiding results that are counterproductive.

Emphasis was placed on the great importance of the youthful population (adolescents and young adults) not only because that is the age group in which the disease manifests itself but also because these are individuals who are still able to learn and to try new life styles. The support and participation of the education sector was deemed to be of the greatest importance in sensitizing this younger age group. The work of the JAAC-CV [Amilcar Cabral African Youth of Cape Verde] organization was viewed as decisive for those who do not attend classes within the structures of formal education.

The conference also believed that the proposed introduction of sex education into the school curriculum is of supreme importance, and recommended that this be done as soon as possible.

The beginning of the academic year will be used to sensitize teachers and students to the serious problem of AIDS. Similar lectures will be organized at the end of each term at the establishments of secondary education.

The OM-CV [Organization of Cape Verdean Women], the JAAC-CV, the People's Militia, the FARP, the Police, and the Security Forces indicated that they were prepared to send cadres to be trained as instructors to serve on a permanent basis within their respective organizations.

The social communications media were called upon to intensify their dialogue with the public health organs in order to keep the public informed concerning the serious threat hanging over it, thereby fulfilling their educational role while at the same time avoiding the sensationalistic--and often scientifically unfounded--exploitation of the AIDS situation such as has been done by the international mass media.

We must therefore fight AIDS resolutely but calmly, to prevent this terrible disease from being aggravated by a generalized panic resulting from bad information and political, racial, or other forms of exploitation of this scourge. But we would do well not to forget that although AIDS is a threat that is growing in an alarming manner, the fact is that in our country it is still the diarrheal diseases and the so-called "six child-killers" (tuberculosis, poliomyelitis, diphtheria, whooping cough, tetanus, and measles) that are the cause of the premature death of thousands of human beings. What is needed, therefore, is a new overall concept of how to protect the public health. The idea is therefore to prevent disease and rely on a cure as little as possible. The problem with AIDS is that there is as yet no known cure for the disease, so that prevention is the only answer.

10992

HUMAN-ANIMAL COMMON PATHOGENS BECOMING INCREASING PUBLIC HEALTH CONCERN

40082019c Beijing KEJI RIBAO in Chinese 16 Jun 87 p 1

[Text] Reporter Yang Jing reports that the Committee on Human-Animal Common Pathogens of the Chinese Microbiological Institute conducted a conference from 4 to 9 June in Tunxi County, Anhui Province. More than 40 representatives were present at the conference. They exchanged up-to-date developments in the research and prevention of human-animal common pathogens in China and overseas. They also studied in-depth the research direction on human-animal common pathogens in China. Representatives at the conference unanimously agreed that it was time to further research macro-ecological factors affecting human-animal common pathogens. At the same time, it was necessary to study the micro-ecological factors, so that China can advance into the forefront in the world.

Human-animal common pathogens are known internationally as animal pathogens. It stands for the natural contagions between humans and vertebrates. In other words, it represents that which is caused by pathogens common to both humans and vertebrates. In epidemiological terms, they are related diseases.

These diseases are caused by many micro-organisms, such as bacteria, fungus, spirochetes, mycoplasmas, chlamydia, rickettsia, viruses, and parasites. Currently, more than 100 diseases fall into this category. Most of these diseases, rabies, for example, are transmitted from animals to humans. Human-animal common diseases not only pose a major threat to human health, they can also lead to pandemics in livestock, causing them to die en masse, resulting in great economic losses. With the development of foreign trade and specialization of agriculture, human-animal common diseases are becoming an increasing public health concern.

Representatives at the conference argued that diseases spread to humans from animals are more difficult to control and irradicate than diseases of non-animal origin, and require long-term, continuous, and comprehensive prevention. It is specially important to redouble efforts in prevention in the ecological realm to achieve the maximum efficiency.

It is a characteristic of human-animal common pathogens that they require the cooperative efforts of physicians and veterinarians, because this is more

effective than just having physicians treating human diseases, and veterinarians treating animal diseases.

With serious human-animal common diseases, such as diarrhia, rabies, plague, brucellosis, psittacosis, trematodiasis, and anthrax, experts suggest that the leadership of the departments establish more effective preventive policies. Also, newly diagnosed human-animal common diseases such as AIDS should be studied in depth.

12996/7358

PRESENT STATUS AND METHODS OF DIARRHEA CONTROL DISCUSSED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 8 No 1, Feb 87 pp 49-53

[Article by Wei Chengyu [7614 2110 3022] of Beijing Medical University]

[Abstract] Contagious diarrhea (hereafter called diarrhea) includes a group of communicable diseases in China that has a very high rate of incidence in widespread epidemic areas, thereby affecting the productive livelihood of the general public. During the early period of the Communist regime in China, the Administrative Law of Communicable Diseases was passed, specifying that cholera, typhoid (including paratyphoid) and dysentery (including bacillary and amebic dysentery) were diseases legally obligated to be reported for government action involving prevention and treatment. In 1961, paracholera (cholera of the El Tor type) invaded China; the disease then was included in class A communicable diseases along with classical cholera, which had been wiped out in the early 1950s after more than a century-long epidemic in China. Then large areas epidemic in typhoid and dysentery were controlled, with the morbidity and death rates of other variants of diarrhea also reduced to varying extents. The prevention and control of diarrhea is an enormous undertaking in China, and the disease is still quite serious. Although a great deal of work has been done, the problem remains unsolved.

In recent years, most reported diarrhea cases have been bacillary and viral diarrhea, mainly caused by Shigella, round virus, Escherichia coli, campylobacter jejunum, Salmonella, Vibrio and other bacilli and viruses. These diarrhea cases were reported at different incident rates in different localities, however, there are only minor deviations from a general pattern, as shown in the following table.

Comparison of Detection Rate (in Percentages) of Major Diarrhea Cases in Different Areas of China

Pathogen	Guangxi 1984	Wuhan 1983-84	Hubei 1983-84	Henan, etc. 1983-84	Liaoning 1984	Guangdong 1982-83	Jiangsu 1984
Round Virus	7.73	15.77	13.58	12.04	-	-	-
Shigella	8.62	12.66	8.13	11.45	21.35	7.1	21.76
Campylo-bacter	2.58	3.94	1.26	2.24	4.95	0	1.81
EPEC	3.57	1.31	6.61	4.98	4.14	4.1	0.77
ETEC	1.88	5.05	1.32	3.69	2.43	0	-
EIEC	0	0.14	0	0	0.45	0	1.03
Salmonella	0.50	1.45	1.59	0.96	2.25	0.9	0.25
Parahemolysis Vibrio	5.35	0	0	0	1.35	1.6	-
NAG Vibrio	0.50	0	0	0	0.61	0.08	0.25
Bacillus Yersini	0.20	0.07	0.26	0.12	0	0	-

As shown in the table, most cases of diarrhea in China are caused by Shigella or round virus. Next in incidence are cases caused by Escherichia coli or campylobacter jejunum. Diarrhea cases caused by Salmonella rank third or fourth, mainly occurring in China's coastal areas.

Among the important developments in diarrhea prevention and control in China since the late 1970s are these: A pathogenic relationship between round virus and infantile diarrhea was discovered and confirmed in Beijing in the fall of 1978. For the first time, a new round virus, ADRV (adult diarrhea round virus), was discovered and confirmed during the period from 1982 through 1984 among miners at Jinzhou and approximately 10 other cities. For the first time, also, corona virus was reported as the pathogen of epidemic diarrhea in the spring of 1984 in rural villages of Dongfeng County, Jilin Province. This is the first report of this virus causing wide-ranging epidemic cases. It was confirmed that the small round virus was one of the main pathogens causing infantile acute diarrhea in Tianjin Municipality in January through May 1983. In the spring and summer of 1983, ETEC was detected and isolated as the major pathogen causing diarrhea in adults and infants in an outbreak at Harbin and Jixi in Heilongjiang Province. In September 1984, for the first time in China, new serum types (O28ac, K73 (B) and H) of ETEC were discovered in food poisoning cases in Beijing. In March 1983, it was found that a diarrhea outbreak (some 780 cases in two coal mines in Xuzhou Municipality due to contaminated water) was caused by Fluvialis vibrios; it was later determined that Fluvialis vibrio-caused diarrhea cases had been occurring in China for some time. Differential diagnosis was enhanced for

cholera-like diarrhea caused by vibrio mimicus discovered for the first time in China in Lingxian County, Shandong Province. The widespread existence of campylobacter jejunum was discovered in two diarrhea cases in Wuhu Municipality, Anhui Province. Later, similar finds were reported in Shanghai, Fujian, Heilongjiang, Shandong, Jiangsu, Beijing and other provinces. In 1980, for the first time in China, Bacillus yersini was isolated from swine colon--the bacillus causes enterocolitis in man, although the cases are few.

Dysentery, typhoid, paratyphoid and cholera (including classical and El Tor types) are diseases legally obligated to be reported to the authorities as stipulated in China's Control Regulation of Acute Communicable Diseases. The recent status of these diseases is as follows:
(1) Variability of bacteria types in epidemic bacillary dysentery: The annual morbidity rate is hovering at about 500 cases per 100,000 population, with miscellaneous microbial types, many subtypes and alternation of epidemic germ types at all times. Having generally disappeared in the late 1950s, dysentery cases caused by Shigella (group A, type 1) again occurred, and even epidemically erupted in 1973 in 11 provinces, municipalities and autonomous regions as shown in a table in the text. However, cases are still rare in major cities, such as Hangzhou, Nanjing and Beijing. Among the predominant group B cases, generally type 2a occurs the most often in China; following are types 1b and 3a (although 1b cases have shown a clearly increasing trend in North China in recent years), and more cases than previously were reported for types 1a and 4 as well as for mutated type y have appeared. Group C and D cases were reported to have slowly increasing trends.
(2) Typhoid and paratyphoid cases caused by Salmonella decreased appreciably, however, the number of infections due to Salmonella typhimurium grew somewhat. The activity of Salmonella is due to more consumption of milk, meat and eggs as part of the higher living standards among the population in recent years.
(3) In July 1961, 10 years after the elimination of the classical-type of cholera, cholera of the El Tor type appeared along the coasts of Guangdong. After some effort, the case fatality rate was reduced from 10 to 15 percent in the 1960s to less than 1 percent at present.

Diarrhea control measures are summarized under the five following aspects:
(1) Basic education in general medical facts should be popularized among the general public, and sanitary conditions of water, feces and food should be properly maintained along with the elimination of houseflies. High-temperature manure piles can be employed to convert feces into fertilizer and methane serving as fuel in rural villages. Clean water and sanitary food are two major approaches to diarrhea prevention.
(2) Diarrhea monitoring stations were established to analyze the fast-changing conditions of diarrhea infection and for guidance in preventive and treatment measures. With cooperation from the World Health Organization (WHO), 26 such monitoring stations were established in February 1986 in four provinces--Shandong, Fujian, Jilin and Gansu.
(3) Special out-patient diarrhea clinics (for intestinal tract diagnosis) were established to discover and treat patients at early stages. Early discovery, diagnosis, treatment, isolation and reporting are necessary for local treatment. Timely, adequate intravenous transfusion of fluids and treatment of

electrolyte disorders are stressed for severely ill patients. Once the blood pressure is restored to normal and vomiting has stopped, oral administration of complement fluid should be maintained. This oral administration is applied at the onset for patients with dehydration due to low and moderate degrees of diarrhea.
(4) Rigorously control the epidemic-source area to prevent the diarrhea from spreading. The control principles are: Early in time, small in area, strict in control, and positive in action. Five days in quarantine are required for persons in close contact with patients. Carriers of the disease should be isolated and treated until two negative reactions are shown in their feces. Containers and sites of feces and vomit of patients and carriers should be thoroughly sterilized.
(5) Research should be developed and international cooperation enforced. Good cooperation should be maintained between China and international organizations involved with diarrhea control, such as the WHO, the Bengal International Research Center of Diarrhea, and the United Nations Children's Fund. The following research topics are being stressed in China: pathogenesis, epidemiology, clinographic therapy, biological products and preventive medicine.

Diarrhea poses a major worldwide problem in public sanitation since millions of infants dies from diarrhea every year in the developing countries. The article presents only some problems involving bacillary and viral diarrhea in China. Its control is a long way off, but the prospects are promising.

10424
CSO: 5400/4142

PRESENT STATUS AND PROSPECTS OF DIPHTHERIA CONTROL REPORTED

Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 8 No 3, Jun 87 pp 177-181

[Article by Zhang Rongzhen [1728 2837 3791], Institute of Epidemiology and Microbiology, Chinese Academy of Preventive Medicine]

[Abstract] A diphtheria epidemic is effectively controlled by preventive inoculation with diphtheria quasi-toxin, thus saving the lives of many thousands of children. Currently, the disease has basically been controlled in many countries and territories. However, the disease still occurs, and epidemics even erupt occasionally. Therefore, the World Health Organization (WHO) lists diphtheria as one of the six major diseases for control in its Expanded Plan of Immunization (EPI), and China also includes diphtheria as one of six diseases for control by planned immunization. This article briefly recounts diphtheria control activities in China and abroad in recent years, emphasizing the promotion of control.

In China, the diphtheria morbidity rate was reduced from 23.1 cases per 100,000 population in 1949 to 0.14 case per 100,000 in 1985. The 1984 morbidity rate was reduced by 54 percent from 1983; in 1984, no cases were reported in 1,973 counties, accounting for 79 percent of the country; and 2,505 counties (89 percent of the country) reported in 1984 that the 1985 index of morbidity control had been reached. There have been no diphtheria epidemics in Hangzhou Municipality for the past 20 years because the full series of inoculations has been maintained for more than 90 percent of its residents since 1965. In Hebei Province, no diphtheria cases occurred in 1979 and, since 1974, the morbidity rate has consistently been below 0.1 per 100,000 population.

In China, sporadic diphtheria epidemics still occur here and there. Diphtheria variants have been reported, including pharyngeal, laryngeal, nasal and (a rare isolated case reported in 1986 by the Dezhou Prefecture) cutaneous diphtheria. Generally speaking, the morbidity rate rises at times in major cities due to the high population density, more communicable sources and bustling human contacts, while isolated rural areas may not experience the disease for a long time. Once communicable sources enter a rural area,

however, an epidemic may break out. A similar situation may occur in an isolated institution. Rural inhabitants generally are more easily infected than their urban counterparts, as shown in the higher positive rate in the Schick test: 12.8 percent for Baoding City proper versus 22.65 to 70.00 percent for the seven rural counties of the municipality area. The peak disease age bracket becomes older as children are routinely inoculated with a mixed vaccine for whooping cough, diphtheria and tetanus. This situation reminds us that booster inoculations should be given to teenagers. Due to the basic control of diphtheria in a good number of countries and territories, and a marked reduction in its morbidity rate, control activities are generally preventive or monitorial in nature.

During investigations of the immunity inoculation rate, inoculation with the diphtheria quasi-toxin has proven to be the paramount preventive approach. In the view of some diphtheria investigators, the disease can be kept from becoming an epidemic when 70 percent of the inhabitants have immunity; immunity in 90 percent of the inhabitants can basically control isolated cases of diphtheria. Therefore, the target is a 90 percent or higher inoculation rate. The three major indexes in the EPI monitoring are the morbidity rate, the immunity inoculation rate and the quality of vaccine used.

Investigation of Infectivity and Bacterial Carrier Rate

(1) The immunity level of a group can be determined by the Schick test. The test has practical value in forecasting the epidemic probability and duration, and assessing the effect of immunization measures. However, a high positive rate does not necessarily correspond to epidemic or outbreak cases; the existence of communicable sources and/or low toxicity in bacterial strains are also factors to be considered.
(2) There are differences in infectivity in different age brackets. A neonate may have immunity through the placenta and mother's milk, however, this immunity disappears gradually several months after birth. Ten to twelve months after birth, the Schick positive rate is 100 percent, therefore, timely inoculation is very important. In an investigation of age brackets in a Shanghai Municipality ward involving the relationship between the Schick reaction and the morbidity rate, the Schick positive rate was found to be as high as 70 percent for the age bracket of up to 3 years, the group that also had the highest morbidity rate. This explains the clear relationship between immunity and infectivity.
(3) The higher the preventive inoculation rate, the lower the number of inhabitants in the group likely to be infected. This relationship is obvious.
(4) Higher proportions (of likely infectible persons in a population) exist in some provinces, municipalities and regions (such as Hebei, Lanzhou, Guangxi and Xinjiang) even though very few or no diphtheria cases occur. This is due to the lack of communicable sources in the area after diphtheria has been absent for a long period of time.
(5) As for the importance of investigating the bacterial carrier rate, since 20 percent of diphtheria cases are transmitted by patients while 80 percent are transmitted by bacteria carriers without any visible symptoms, the

importance of investigating bacillus diphtheriae carriers is self-evident, in particular, day care center workers. For nasal diphtheria, there are high bacillus carrier rates and extended bacillus latencies. The bacillus carrier rate is still between 2.3 and 10 percent, or even higher, in the 11th to 12th week following the infection. However, the bacillus discharge period can be much shorter if treated with antitoxin at an early stage. In a report on 655 cases in Guangzhou, within 4 days after treatment with diphtheria antitoxin and penicillin, the bacillus diphtheriae culture proved to be negative in 90 percent of the patients. For a higher positive rate of cultures, silica can be used as the transport culture medium of bacillus diphtheriae.

Improved Investigations as Affecting Serum Epidemiology and Test Methods

(1) The indirect blood agglutination test is a common method of analyzing the diphtheria immunity level. As recognized internationally, the protective level is 0.01 international unit (IU) of diphtheria antitoxin per milliliter of serum. Between the Schick test and the indirect blood agglutination test, the positive agreement rate is 91.7 percent while the negative agreement rate is 86.7 percent, as determined from testing 233 persons at the Hengyang County Epidemic Control Station in Hunan Province. Therefore, the agglutination test can replace the Schick test.
(2) The enzyme-linked immunosorbent assay (ELISA) can quantitatively determine diphtheria antitoxin levels in immunized animals. The agreement rate between the Schick test and the ELISA method is 73.21 percent as determined from 892 patients of the ages of from 3 months to 49 years in 1983 in Mianzhu County, Sichuan Province, having been uninfected with diphtheria for the past 7 years. The sensitivity of the ELISA method is slightly higher than that of the indirect trace blood agglutination test, while the repeatability is much higher.
(3) The solid phase radiation immunity assay (SPRIA) was used by Liu Yulan [0491 3768 5695], et al., at the Beijing Municipal Epidemic Control Station to analyze 46 specimens for diphtheria antibodies. The SPRIA positive rate (84.78 percent) is higher than that of the indirect blood agglutination test (45.65 percent).
(4) Convection immunity electrophoresis was used by Zhang Qingfu [1728 3237 4395], et al., to detect toxins produced by bacillus diphtheriae. Not a single positive-rate case was discovered upon examining 30 healthy persons. This method is simple and inexpensive and has high specificity, but does not require special equipment, so it is suitable for epidemiologically monitoring large numbers of persons.

Investigation of Adaptive and Contraindicated Symptoms, As Well As Side Effects

In the view of the Fifth Consultative EPI Conference, minor side effects follow inoculation with EPI vaccine, however, coughing, diarrhea and fever are not contraindicative symptoms for preventive inoculation since healthy and sick children are similarly affected by inoculation. However, contraindications for inoculating with a mixed vaccine for whooping cough, diphtheria and tetanus

include hypersensitivity to vaccine constituents, progressive neurataxia and the following serious reactions following inoculation (generally within 48 hours): prostration, shock, persistent crying, body temperature of 40.5°C or higher, spasms, severe mental disorder, general and/or local nervous signs or systemic allergic reaction.

Generally, side effects include an overall reaction (such as slightly higher body temperature for a short period), allergic reaction, quasi-poisoning and quasi-allergic reactions, and abnormal reactions caused by technical errors. However, with the 2Lf diphtheria quasi-toxin used by Ze Wenyuan [9374 2429 6678], et al., of the Beijing Institute of Biological Preparations, Ministry of Public Health, to inoculate teenagers between 13 and 18, the reaction was slight while group immunity was enhanced. However, there were also isolated cases suffering relatively severe side effects, such as thrombopenic purpura in an infant, facial paralysis and hypersensitivity.

Immunization/Inoculation Sequence and Method

(1) The most important point is the use of specified doses at times and intervals that best accomplish the basic immunization with periodic booster inoculations. As proposed at the 1985 All China Planned Immunization Work Conference regarding the diphtheria immunization sequence, 3 months following birth, a mixed dosage of whooping cough, diphtheria and tetanus vaccines is administered. The same agents are inoculated as a booster dosage: once at 4 to 5 months, and again at 1 and 1/2 to 2 years. A fourth inoculation is given at age 7. As is the practice in the United States, one booster inoculation of diphtheria and tetanus vaccines is made per decade after basic immunization is completed.
(2) It was reported by the Guangdong Provincial Institute of Epidemiology and the Wuhan Institute of Biological Preparations that nasal immunization with purified diphtheria quasi-toxin has a good serum effect in booster immunizations and, therefore, is a good immunization method.

The prospect of diphtheria control is promising as long as a high immunity inoculation rate (especially in urban areas) and more intense monitoring are continuously maintained. Morbidity rates in different age brackets are a sensitive indicator, especially useful in the early detection under the immunization plan; of course, cases of outbreaks and the degree of severity are also useful indicators. A global coordinated effort is required to enforce the EPI proposed by the WHO.

The article was revised and approved by Su Wannian [5685 8001 1628] of Beijing Institute of Biological Preparations, Ministry of Public Health.

10424
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NEW AIDS CASES FEWER THAN PREDICTED

Helsinki HELSINGIN SANOMAT in Finnish 28 Oct 87 p 15

[Article: "New AIDS Cases Fewer Than Forecast; 5-Year Treatment Plan for Helsinki"]

[Text] AIDS seems to be spreading more slowly in Finland than predicted. The Public Health Office in Helsinki reports that there were 25 new HTLV cases by October 25 of this year, while the figure was 44 last year and 35 in 1985.

The news is considered encouraging, because the number of infected persons and of actual AIDS patients has doubled annually in most other countries. So far, about 170 HTLV carriers have been found in Finland, three fourths of them in the metropolitan area.

Antti Ponka, director of public health control, stresses that the situation has improved because of effective education, and there is reason to continue it. The Helsinki Public Health Service will employ a special AIDS strategy, or treatment and prevention plan, for the years 1987-1991.

The plan emphasizes the importance of educating, training, and screening in disease prevention.

No New Screenings Yet

Testing, or screening, will continue to be offered to patients at VD clinics, users of intravenous drugs, adult patients with infectious diseases, expectant mothers, and men summoned for active military duty. It was also announced that anyone can be tested, without revealing his or her name, at a public health center.

According to Antti Ponka, there is no plan to begin new screenings in the near future, but only much later if necessary.

AIDS patients will receive more medical care at home than they do now, and their hospital stays can be reduced from 6 to 2 months, on the average.

In any event, the increase in HTLV infections will raise the cost of operating the Helsinki Public Health Service. The report offers two possible ways in which the cost could rise.

If the number of new infections doubles annually, the staff would have to be increased by about 30, and the cost of caring for patients, paying the staff, educating the public, and training the employees would grow to 68 million marks altogether for 1987-1991.

If 50 new HTLV infections are discovered annually, the staff increase would be about 20, and yearly expenses would rise from 2.3 to 10.6 million marks. Costs for the entire 5-year period would be 35 million marks, all told.

12327
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POLL ON DEGREE OF AIDS KNOWLEDGE, ATTITUDES

Athens ENA in Greek 15 Oct 87 pp 59-64

/Article by Tousa Zappa/

/Exerpts/ The figures are impressive: about 30 percent of our young people know very little about AIDS. They either ignore the danger or the fear of the disease often leads them, to a great extent, to complete abstinence in sexual activities! Avoidance of casual affairs and maintaining long-lasting relationships are other ways young people react to this terrible disease. Today, ENA publishes a revealing survey that shows the extent of the "AIDS problem and youth."

For young people today, long-lasting relationships and abstinence from sex is the usual way to protect themselves from AIDS. Casual relationships are now considered very dangerous and sometimes fear leads to a repudiation of sexual life altogether.

There are young people who, in the last 2 years, have not had any sexual affairs exactly because they are afraid of this new scourge of our time and they are not familiar with any other measures to protect themselves. These facts are the result of a survey conducted from May to the end of June 1987 by Dimitris Grevias, a poll specialist, that brought to light how today's boys and young men in Greece are confronting AIDS and their carriers. Of course, things are not that desperate. Some other facts in the poll reveals that the majority of young people have generally satisfactory knowledge about the causes and symptoms of the disease and even more, a positive stand vis-a-vis its carriers.

A total of 200 young people were queried during the poll. All were eligible for military service, aged 15 through 33, having different levels of education, different economic and social standing and different family situations. Answers given were indicative of how they obtained information and also how young people today think.

The biggest percentage of those questioned (66 percent) were between 19 and 22 years of age. According to the poll, this is the age of the first phase in maturity whose main characteristics are looking to create a personal identity, the development of skills, selecting a profession, social participation with moral and emotional obligations vis-a-vis others, as well as seeking a partner

to love. The results of the poll is indicative of this whole makeup and also of existing lack of information. Only 56 percent of the young people in this bracket say that they have satisfactory knowledge on the causes and symptoms of AIDS. This, of course, has its effects on relations with the other sex. We thus observe that there has been a 10 percent decrease in multi-partner relationships in the age group, while, on the other hand, there has been a big increase in the search of a permanent sexual partner. The most significant fact, however, is the increase, of up to 100 percent, of the percentage of young people who have had no sexual life at all in the past 2 years.

Permanent Sexual Relationships

They poll points out that insufficient information going to young people is increasing, while complete abstinence from sexual relations is also increasing. This tendency is due to the rule that says that the more knowledge is insufficient the more a feeling of fear and insecurity will be noted as forms of reaction and behavior in such circumstances. Moreover, at this stage of post-adolescent age some fear vis-a-vis the role of a woman as a sexual partner has been observed. Also, there is a tendency of abstinence from sexual relations particularly in rural areas where society is stricter and limits the creation of relations among young people.

In older age groups things are much better. The percentage of those who said they were informed about AIDS was much greater. A 93.4 percent of those between 23 and 26 years of age know all that is to be known about AIDS, while 95.4 percent of those between 27 and 33 years of age are similarly informed. This is considered logical by experts who point out that in these age brackets there are individuals who have more education and are better informed. Nevertheless, regardless of how much more informed these age groups are their sexual behavior has changed because of AIDS. The fear of the painful ending of this disease is making all young people more careful in selecting their sexual partners. According to existing data for 1985, 52.1 percent of young people between 23 and 26 years of age had casual, multi-partner relationships. Two years later this percentage dropped to 21 percent. Something similar occured in the 27 to 33 age bracket, only that here things changed less. A 22.7 percent of all those who had multi-partner relationships 2 years ago has now dropped by 2.8 percent.

The poll notes that those with a higher and university education tend to have more conservative sexual behavior, seeking or having permanent sexual partners, with a parallel decrease in casual or multi-partner relationships. On the other hand, those with low educational levels show a tendency towards complete abstinence.

Panic Over the Disease

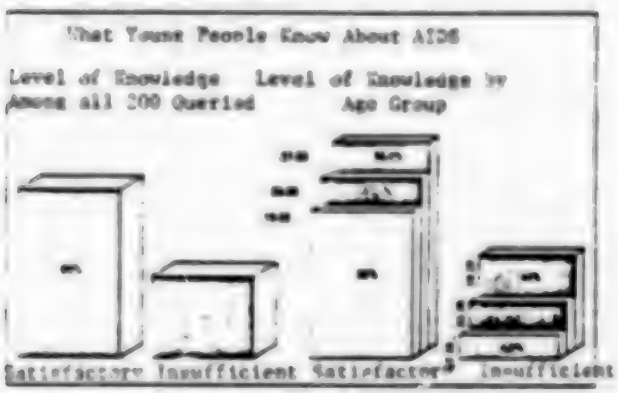
What is the position of our youth vis-a-vis persons who are carriers of this terrible disease and even its victims? Times are difficult and they, in turn, form hard and aggressive people. Panic spread by the "plague" of our time--that is the way AIDS has been described--has made many people, primarily abroad, behave inhumanely and in a racist manner.

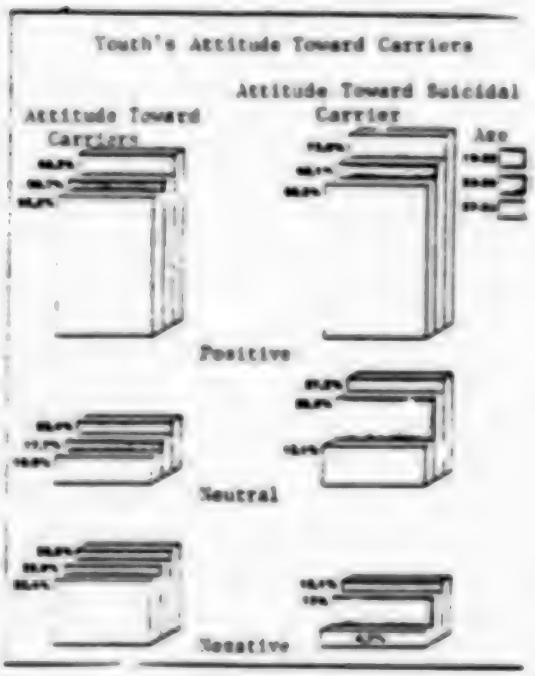
Fortunately, our youth are much calmer and human than the Europeans. The more the educational level is higher, according to the poll, and the older the person the more the position vis-a-vis AIDS carriers becomes positive. A 60 percent have a positive stand vis-a-vis a comrade who is an AIDS carrier and a 63.5 percent radically disagree with "recourse" to suicide by these carriers.

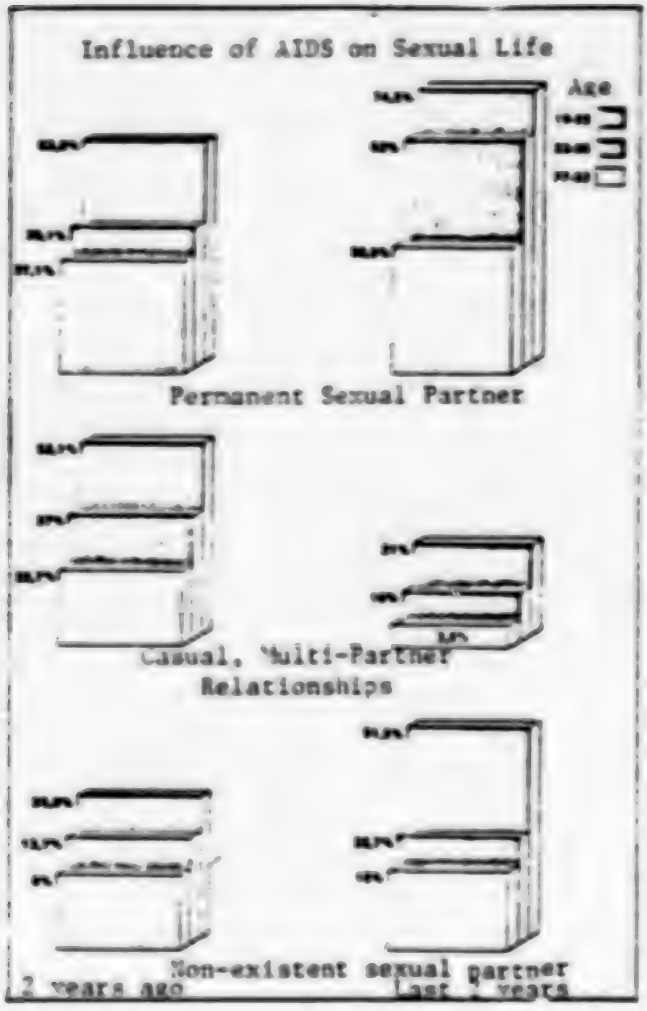
There is, of course, in accordance with the poll, a small increase in negative feelings toward carriers mainly on the part of those with a primary and junior high school education and those living in rural areas whose fathers are workers or farmers. Something like that is to be expected to the extent that conservative feelings and relative limited sensibility toward various social problems is characteristic of the closed society structure in rural areas in the farm community family, without, of course, this constituting a necessary rule.

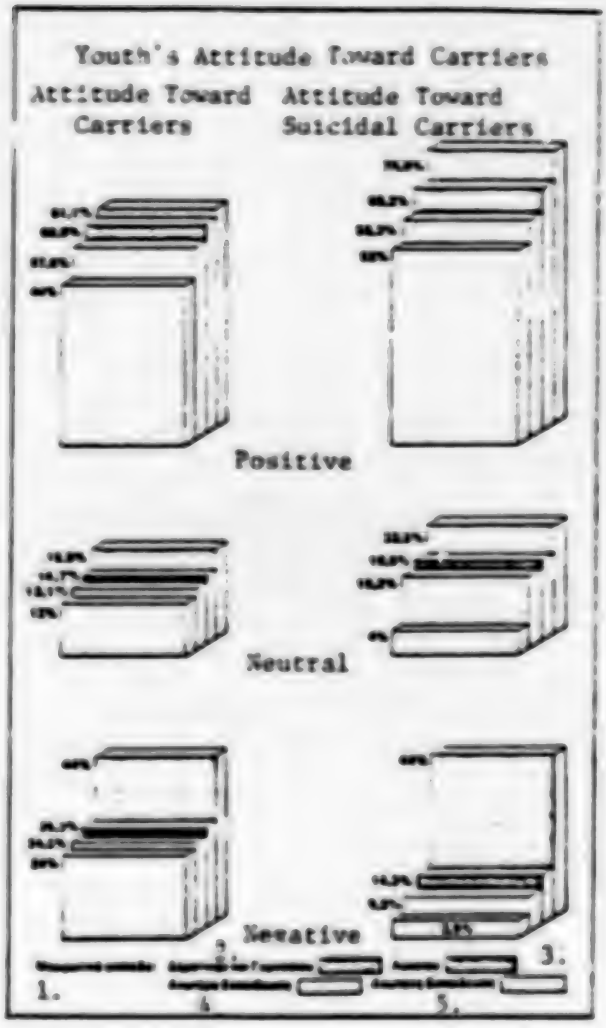
As for attitudes toward suicide, we also observe that the older the person is the greater the percentage of disagreement on this issue. The same holds true in relation to the educational level. The percentage of disagreement increases as the educational level rises, the only exception being a 44 percent that represents primary and junior high school graduates who appear to agree with such a decision. However, this may be due to a fatalistic attitude toward life and death.

It is a fact, nevertheless, that the attitude toward AIDS patients and carriers by our youth is generally-speaking much more humane and realistic than in other European countries.









Key:

1. Educational Level:
2. Primary and junior high
3. High School
4. Higher Studies
5. Advanced Studies

5671
CSO: 5400/2417

OFFICIAL APPEALS TO PORTUGUESE FOR ANTICHOLERA AID

54000010a Lisbon DIARIO DE NOTICIAS in Portuguese 16 Oct 87 p 13

[Text] Valentim Loureiro, consul of Guinea-Bissau in Porto, has appealed to the residents and industrial community of that city to help the Guinean people fight the outbreak of cholera, which since September has claimed 48 fatalities.

Speaking at a press conference, Valentim Loureiro stated that 573 cases of cholera have been reported since 21 September, and that the Government of Guinea-Bissau does not have the medicines or other means to combat the epidemic.

Alexandre Nunes Correia, minister of public health of Guinea-Bissau, asked Valentim Loureiro to send an emergency shipment of vials of lactate serum, nasogastric tubes (for adults and children), instruments for measuring blood pressure, epicranial needles, plastic syringes, sheets, and stretchers, among other items.

The press conference is one of a complex of measures being taken to sensitize the Portuguese people in general--and merchants and manufacturers in particular--with a view to obtaining as much aid as possible for the fight against the cholera outbreak in that African country.

Aid From UNICEF

Meanwhile, it has been announced that UNICEF will send to Guinea-Bissau $17,000 in supplementary aid together with 60,000 vials of lactate serum to combat the cholera epidemic.

Alexandre Nunes Correia emphasized to a press conference the importance of international aid to fight the cholera epidemic in Guinea-Bissau, especially in the capital, and cited some of the aid received.

The minister stated that the UNICEF aid falls within the context of the appeal that has been launched. He said it will supplement other assistance (also in the amount of $17,000) already granted by the United Nations.

Epidemic Controlled in Angola

The cholera epidemic has been controlled in Angola, according to ANGOP [ANGOLAN PRESS AGENCY], quoting a statement by the National Directorate of Public Health.

The statement says that at the present time the disease is only endemic and its incidence is low, but advises the public to continue following strict hygienic practices.

The National Directorate of Public Health reports that the cholera epidemic broke out in April in the municipality of Soyo, Zaire Province, and subsequently spread to all the coastal provinces with the exception of Cabinda. It then spread from the coast to some of the provinces of the interior, namely to Cuanza-Norte, Huambo, Huila, Malange, and Uige.

10992

BRIEFS

SIX AIDS DEATHS RECORDED--Bissau--To date there have been at least six deaths in Guinea-Bissau from infection by the AIDS virus. According to Venancio Furtado, director-general of public health, of the 14 cases of persons infected by the AIDS virus that have been detected so far, six have resulted in death. Venancio Furtado stated that the remaining eight cases are patients at the Simao Mendes national hospital in Bissau undergoing intensive treatment and close supervision. [Excerpt] [54000010 Luanda JORNAL DE ANGOLA in Portuguese 6 Oct 87 p 2] 10992

OFFICIALS DISCUSS AIDS POLICY

Reykjavik MORGUNBLADID in Icelandic 30 Jul 87 p 5

[Article: "Study of Views and Knowledge of Aids: Incorrect Ideas About Ways of Infection"]

[Text] Joint Nordic Experiment with Medicine Reducing Aids Symptoms

In a study of people's views and knowledge about AIDS, conducted by the Institute of Social Sciences of the University of Iceland for the National Bureau of Public Health and the Ministry of Health and Social Security, it comes forth that wrong ideas about the infection of AIDS seem to be widespread. According to Dr. Haraldur Briem, specialist in immunology at the City Hospital, it is known that there are about 32 people with AIDS symptoms in the country; also, it is estimated that there are between 2-400 people who have been infected without knowing about it. It has been decided that Iceland will participate in a joint Nordic experiment in testing a new medicine which is said to reduce the symptoms among infected patients.

AIDS is only contracted through mixing of blood, intercourse and unsterilized hypodermic needles, and it seems that almost all Icelanders between 18-75 realize that, according to the conclusion of the survey. However, incorrect ideas about other ways of infection seem to be widespread. Two of every three people who participated in the survey think that AIDS can be contracted through kissing; and more than one of every three people believe that AIDS can be contracted by using public toilets. Almost one out of every five people think that AIDS can be carried in the water in the swimming pools, or by coughing or sneezing, and about 6 percent think that the disease can be contracted by shaking hands.

Preventative measures and information about AIDS to the public are the main methods of fighting against the spreading of the disease. According to Minister of Health Gudmundur Bjarnason, the conclusions of the report show the results of an information blitz in schools and working places. Surgeon General Olafur Olafsson said that he was fairly pleased with the results of the study, but he pointed out that despite the fact that information booklets about the disease had been distributed to all households in the country, only about 43 percent of Icelanders between the ages of 18-75 had read it. "An effort is needed here," said Dr. Olafsson.

The information booklet seems to have reached fewer men than women, and the same can be said about inhabitants in the regional areas compared to people in Reykjavik and in Reykjanes. Those who have read the booklet seem, in most cases, to be better informed about the actual possible ways of contracting AIDS than others. Most people feel that the television provided the most reliable information about the disease, especially in Icelandic information programs and panel discussions. About 60 percent feel that the mass media has done enough about the discussion of AIDS, but 30 percent say that they minimized it. About 90 percent think that the condom is a powerful protection against AIDS, and about 98 percent think that other people than homosexuals can contract the disease. About 59 percent agree that infected individuals should be forbidden to work in food processing, despite the fact that specialists claim that there are no possibilities of the virus being carried in the foodstuff.

The survey was conducted during March 5-12 of this year; 1,500 people in the age group 18-75 were polled nationwide. Answers were received from 74.3 percent or 1,115 people. The sample satisfactorily reflected the distribution of the whole nation based on age, gender and domicile.

9583
CSO: 54002497

AIDS COMMISSION CHAIRMAN DISCUSSES ANTI-AIDS MEASURES

54000009 Maputo DOMINGO in Portuguese 6 Sep 87 pp 8-9

[Interview with National Commission on AIDS Chairman Dr Joao Schwalbach by AIM correspondent; date and place not given; first paragraph is DOMINGO introduction]

[Text] The Ministry of Health will soon launch a nationwide program for the prevention and control of AIDS (Acquired Immune Deficiency Syndrome), a disease which the chairman of the National Commission on AIDS, Dr Joao Schwalbach, says--in an exclusive interview granted to AIM [Mozambique Information Agency]--"is not yet cause for great anxiety in Mozambique."

[Question] Dr Schwalbach, can you tell us when the commission was created, and what its objectives are?

[Answer] The National Commission on AIDS was formed by ministerial order of 26 June 1986 in response to the recommendations of the World Health Organization (WHO)--and to the fact that Mozambique shares the worldwide concern with respect to the spread of this new, fatal, and sexually transmissible disease. The commission is made up of eight medical specialists from various sections of the National Health Service (SNS). Basically, three tasks have been assigned to the commission: the collecting and updating of scientific information concerning AIDS; dissemination of this information by doctors and subsequently by workers of the Ministry of Health and the public; and the preparation of proposals for the establishment of a national strategy of prevention, detection, and notification of AIDS cases occurring in Mozambique.

[Question] Is the commission already working in accordance with the purposes for which it was created?

[Answer] The commission held its first meeting in July 1986, and has taken various actions with a view to attaining the objectives that inspired its creation, including the appointment of working subcommittees as a means to that end. Under this system, tasks have been distributed which because of their specific nature required the collaboration of specialized technicians. Participation was accordingly broadened to include other cadres, and the problems in question were subjected to a more intensive and profound study. Today, with virtually all its assignments fulfilled, at least with respect to the

entire theoretical part--and in the light of domestic and international experience-- it is time to move forward into a phase of more extensive and improved organization. For this reason the Ministry of Health is now working on the final details of the inauguration of a nationwide program for the prevention and control of AIDS. With the advent--in the near future--of this new phase of action that will be more direct, more operational, and more oriented toward the outside world, it will be necessary to restructure the commission and redefine other, new functions in accordance not only with the various objectives of the program but also with the evolution of the disease at the international and domestic levels.

[Question] You said that a nationwide program for the prevention and control of AIDS is being prepared. Can you supply more details?

[Answer] As we all already know, the disease AIDS is related to infection with HIV (human immunodeficiency virus) and has reached--because of its particular mode of transmission--virtually all the countries of the world. Mozambique is not an island. It is on this basis that the leadership of the Ministry of Health has been organizing its functions with a view to acquiring the ability--in the shortest possible time and in keeping with the resources available to it--to use the most appropriate methods to cope with the various problems posed by this new disease in its diverse aspects. These methods would involve the education of Ministry of Health workers and the general public (which hopefully will be effective) in ways to prevent the disease, and detection of the circulation--or presence--of the virus through the introduction of suitable laboratory techniques, including the monitoring of potential patients. Because it is a new disease that is still little--and poorly--understood, AIDS poses serious problems, and this fact makes it necessary to develop a program of prevention and control that is very clear and precise. The program is divided into two essential parts. The first part--the immediate part--consists of evaluating the situation and identifying individual cases, if any; this is already being done in Mozambique. The task of developing this part of the program was given to the National Institute of Health (INS), while WHO--through the instrumentality of the special AIDS project--was put in charge of obtaining funding for the components of the program, including the training of Mozambican cadres; the acquisition of laboratory equipment and reagents for the research that must be done; and even the logistic support of various kinds that the program requires. As we have said, this program is already under way and is principally designed not only to train Mozambican technicians but to ascertain the magnitude of the problem at the national level. We are able to state that in Nampula this survey has virtually been completed, and in Maputo is in its initial phase. Provincial capitals such as Tete, Beira, and Quelimane are currently in an advanced preparatory phase, and it is hoped that the entire nationwide survey will be completed by the beginning of 1988.

The second part of the program--the "short-term" part--will involve a diverse and supplementary complex of actions and is tentatively scheduled to last from 3 to 5 years. It should be mentioned that in early August a WHO team went to Maputo to work with technicians of the Ministry of Health to put the program into practice. The program will emphasize the education component--that is to

say, the education of the Ministry of Health workers and the general public; it will include the operational investigation that basically will provide information that will make it possible to arrive at a rapid decision in accordance with the diagnosis of the problems. This emphasis on the education component is logical and understandable, if we consider that the only real weapon we have today to cope with AIDS is prevention. By stressing prevention through education, the aim is to equip the individual and the community with the scientific knowledge already available concerning this disease, so that we may be able to change our habits and behavior; for that is the only way for us to avoid infection and to avoid infecting others. This course of action--as can be inferred--involves, and requires, utilization of the suitable techniques and resources in order that the correct message may be perceived and translated into consciously appropriate behavior on the part of each individual within the community as a whole. In this endeavor the media, the schools, and the democratic mass organizations--to cite only a few--have, or will have, a prominent role to play by virtue of the contribution that they will be able to make to this program.

[Question] Does this perhaps mean that the program--because of its scope--will result in the creation of a special governmental entity that will involve various sectors?

[Answer] I should say that the program administered by the National Directorate of Health (DNS) will make use of virtually its entire administrative network, which in greater or lesser degree is already beginning to be involved--and with specific tasks--in the overall program, even before the program has been launched. By this assertion I wish only to point out that no new organization is necessary in order for this problem to be dealt with properly, given the fact that the structuration of the Ministry of Health--and the health policy followed in Mozambique--represent assurance that the multiple actions required by the program can indeed be carried out and controlled. We shall therefore work through the instrumentality of the existing national public health network.

[Question] Based on the studies, investigations, and surveys already carried out, how many cases of AIDS have been detected in Mozambique?

[Answer] First of all, I should like to speak of the definition of a case of AIDS, for we know that at times there is some confusion. We speak of a case of AIDS when an individual meets certain tests and presents certain signs and symptoms of the disease: in other words, when an individual manifests the characteristics--or some of the characteristics--peculiar to the disease. On the other hand, there are--or may be--individuals who although infected by the virus do not show these signs or symptoms of the disease and therefore are not--and probably will not--become ill, at least within the next few years. These are not AIDS cases, although they are "carriers" of the virus and can be sources of infection. Some of these individuals will ultimately--sooner or later--show signs of the disease.

[Question] Is this the situation in Mozambique?

[Answer] To respond directly to your question, we may say that as of this moment--and according to the results at hand, which are preliminary--no indigenous clinical case of AIDS has yet been detected among Mozambican citizens, despite the fact that the technicians of the National Health Service have been alerted to the problem. It should be noted, however, that there is one clinical case--reported by the Ministry of Health--of a Haitian doctor, a volunteer worker of the United Nations, who died of AIDS last year. The available epidemiological data--although still limited in quantity--suggest that there is a low prevalence of the virus among the Mozambican population. Although the numbers are low, this means that there are already some infected Mozambicans and therefore confirms the circulation of the virus in Mozambique. It can also be stated that the results obtained in patients suffering from venereal diseases such as syphilis and gonorrhea indicate that this group is the most exposed to the infection and is also where the largest number of individuals to have had contact with the virus has been found. But as I have said, these are still only preliminary data.

[Question] Within the program as a whole, what is the role that the INS will play, under its own direction?

[Answer] We have said that each sector of the SNS plays--or will ultimately play--an active role in putting into practice the measures taken pursuant to the program. By virtue of its functions, the INS has been--and is--in charge of conducting a series of investigations to evaluate the situation with respect to infection with the AIDS virus among the Mozambican people in general and certain groups in particular, notably persons displaced by the war and patients with sexually transmissible diseases. After a period during which it had to prepare itself in terms of supplies, specialized laboratory equipment, and training for its technicians, the INS has already embarked on a series of investigations with support from WHO, the Norwegian Agency for Aid to Development (NORAD), and the Swiss Red Cross--aid that has made it possible to carry out the studies required in this initial phase.

[Question] Given the situation resulting from the circulation of the AIDS virus in the world and now in Mozambique, what measures should be--or are being--taken to prevent the disease?

[Answer] In addition to the work to be done with the doctors and Ministry of Health personnel in general, priority must be given to measures designed to educate the general public with respect to the disease. On the basis of current knowledge, it is known that AIDS is not transmitted through casual contact, that is to say, by water, food, insects, or using the same objects. The virus is transmitted basically through sexual intercourse, transfusions of contaminated blood and blood products, the use of contaminated needles, and to the fetus during the pregnancy or parturition of an infected mother. The primary mode of transmission--sexual intercourse--is unquestionably the most common. It is accordingly in this area that due precautions must be taken to prevent infection. Limiting the number of sexual partners--reducing them to a minimum is recommended--lessens the possibility of contracting the AIDS virus and also other sexually transmissible diseases. For this reason, sexual intercourse with individuals who have many partners should also be avoided.

The use of condoms is an excellent means of protection, and also protects one's partner. These recommendations are very important--although seemingly simple--because a healthy person can already be a disseminator of the AIDS virus, and it is therefore understandable that these preventive measures are of paramount, vital importance. The simplicity of these measures will encounter difficulties in practice, inasmuch as it involves changing behavior and habits--something that is not always easy to achieve; but these--and other--measures are the only "vaccination" currently possible for AIDS.

Ten Points Concerning AIDS in Our Country

1. There are no AIDS patients here, but INS technicians have been alerted to the problem.

2. There are cases of persons infected with the AIDS virus.

3. In all the principal cities, epidemiological surveys covering citizens from 15 to 45 years of age--the age group considered to be sexually active--are continuing.

4. Available epidemiological data suggest a low prevalence of infection with the virus among the Mozambican population.

5. A nationwide program for the prevention and control of AIDS will be initiated shortly; among other things, it will include the generalized use of condoms.

6. The program will work through the instrumentality of the existing public health network.

7. Prevention--that is to say, the education of the public--is the only "vaccine" now available and is the only way that we can avoid infection and avoid infecting others.

8. There are no persons who are more susceptible--or less susceptible--to contracting AIDS.

9. Individuals infected with the AIDS virus cannot be distinguished by the naked eye.

10. The principal mode of infection is sexual intercourse; the principal agents, semen and vaginal secretions.

The number of cases reported in certain African countries, according to data extracted from the weekly epidemiological bulletin number 15 of 10 April 1987, is as follows: Angola, three cases; Malawi, 13; Zimbabwe, 57; South Africa, 63; Zambia, 250; and Tanzania, 699.

10992

PROBLEMS OF VACCINATION CAMPAIGNS DESCRIBED

54004702 Rabat L'OPINION in French 22 Oct 87 p 7

/Article by Mohammad Ilyas Burney and Faiyaz Ahmed Lari/

/Text/ "Every child asks you for love, protection and vaccination." It is through these words that a brightly colored poster put out by a Pakistani provincial health service appeals to the feelings of parents in quite a natural way. Indeed, it tells them: parents' normal affection is not everything. It must extend to a positive act of support of and safeguarding the life and well-being of the child.

Provincial health departments and federal health authorities have encouraged the publication throughout Pakistan of posters, press articles and radio and television spot ads to make known and to popularize the vaccination of children against six avoidable child diseases.

The government launched its expanded vaccination program in 1979, the International Year of the Child. At that time, the plan consisted in protecting 60 percent of children under 5 years of age before 1983 and 100 percent by 1987, through intensifying and continuing the vaccination of the newborn as well as pregnant women. This was to result in a 90 percent reduction of fatal or non-fatal cases of these six diseases by 1990.

Indeed, the annual coverage anticipated was not reached and any progress made was above all to the benefit of the urban population. This is why the government launched an accelerated 3-year health program in January 1983 aiming at intensifying the vaccination of young children against the six diseases. The objectives were quite precise: protect close to 15 million children under 5 years of age and some 7 million pregnant women. On a long-term basis, the goal was to reduce the number and fatal or non-fatal cases by 90 percent before 1990, something that corresponds to avoiding 7 million cases and 677,000 deaths.

Two other elements of the accelerated program were the prevention of deaths caused by diarrhetic illnesses thanks to oral rehydration and community health education to make as many people as possible aware of the benefits of vaccination and oral rehydration.

At any rate, vaccination remains the essential element of the program and receives 80 percent of the 42 million dollars allocated, that is, 10 times the sum previously allocated to the expanded vaccination program. The government has granted all facilities to improve communications, motivate the people and incite communities to participate in the program.

A joint team made up of 24 national representatives and 16 members of international bodies has drawn up a report on initial progress made and has concluded that, on the strength of this examination, the achievements of the accelerated health program in less than 2 years were remarkable. The team report noted that the vaccination coverage was rapidly expanded, particularly in Punjab Province, where 80 percent of the children were completely immunized, almost as many in Northwest Frontier Province and a creditable number in other regions.

This improvement in vaccination coverage was not uniform throughout the country, nor was it permanent. After the campaign, most of the temporary helpers could not be kept on, resulting in a slowdown in the rate of vaccinations given, without this meaning, however, that things went back to the pre-campaign situation. Alerted to this slowdown, health officials went back to work by beefing up their personnel.

Without forgetting the vital logistics aspect for laying in supplies of vaccines and other materials nor the competence of personnel and cadres, it is the community itself that is considered as the prime element. The success of the accelerated program depends on approaching and motivating it, as well as how it receives and reacts to the program.

All the media contribute to the program, while visiting health teams go door to door and village chiefs, religious heads and local teachers see to it in obtaining the maximum cooperation of the people for the program. By way of the communities, the message gets to parents.

In certain rural areas, parents had to be told that vaccines were not a kind of secret family planning weapon aimed at sterilizing women and their children. Quite often health team heads had to inject themselves with anti-tetanus vaccine or swallow an anti-tuberculosis pill to show that they were not impairing their health.

A village refused vaccination on the pretext that the Pir--a local wise man reputed to have spiritual powers--had set up a wall around the village that no illness could get through. When the program director went by the village it happened that the Pir was absent and that some cases of measles had broken out. He was thus able to convince the inhabitants much more easily about the benefits of vaccines. Since then, the myth about a "spiritual wall" collapsed and all the village children were able to be vaccinated.

Another village put up strong resistance. The deputy commissioner--administrative district chief--himself went to the village to exert his authority. In the long run, the tribal chief agreed to letting the children be vaccinated on condition that the commissioner swear on the holy book--the Coran--that the same vaccines had been administered to his own children. The commissioner

began by assuring him that all his children had been given injections and the then declared under oath that vaccines were a good thing for the health of children.

The accelerated health program conferred a new dimension to health education and to motivation of communities. National television broadcast a program titled "Wave of Panic." The program dramatized the alarming fate of unvaccinated children, how diphtheria suffocated, how tetanus shook the victim with convulsions, how measles covered the skin with eruptions, how infantile tuberculosis withered bodies, how whooping cough caused fighting against spasms or how polio caused neuroparalytic complications.

In a later pahse, there was a desire to show television viewers how agreeable it was to have a baby in good health. Besides 14 television movies on this subject there was also a puppet show, "Uncle Sarjam," to send simple health messages to children in the form of satirical skits and jokes. Parents too showed interest in them.

Presently, a 17-station radio network transmits the expanded vaccination slogan as well as related messages throughout the country in local languages. Each station transmits at least five slogans or spot ads a day, plus a 7-minute message on health once a week.

The expanded vaccination program centers have hooked up with hospitals, clinics, rural post offices and maternal and infant health centers or have assumed the form of detached and mobile teams. The latter see to it that far removed communities in lightly populated regions, such as Baluchistan, also benefit from the vaccination program. Moreover, local chiefs, teachers and religious officials have a great role to play in motivating parents to have their children show up in order to protect their lives.

5671

FOREIGN AIDS SUFFERERS FACE REPATRIATION

MB301510 Johannesburg SAPA in English 1407 GMT 30 Oct 87

[Text] Pretoria Oct 30 SAPA—Comprehensive new health and immigration regulations published in the *Government Gazette* today have opened the way for repatriation to their own countries of "aliens" suffering from AIDS.

The minister of national health, Dr Willie van Niekerk, announced recently in Parliament that measures were to be taken particularly to repatriate AIDS-infected migrant mineworkers from neighbouring states, especially Malawi.

South Africa would render every possible assistance to the neighbouring states to care for the AIDS sufferers, he added.

The wording of a brief notice by the Department of Home Affairs specifies that any non-South African citizen afflicted with the diseases "Cholera, pestilence, yellow fever, Acquired Immune Deficiency Syndrome (AIDS) and infection with human immune deficiency virus" will make them "prohibited" and therefore liable to repatriation to their countries of origin in terms of South Africa's immigration laws.

A spokesman for the Ministry of Home Affairs in Cape Town emphasised the measure would not apply to South African citizens.

Also, the immigration officer could not declare an alien suffering from one of the diseases a prohibited person unless he was satisfied the person was a sufferer by a medical officer of health.

A separate set of regulations, published in the *Gazette* by the Department of National health entitled "Regulations Relating to Communicable Diseases and the Notification of Notifiable Medical conditions" completes the mechanism set up by government for the repatriation of AIDS sufferers.

Spokesman at the Department of National Health in Pretoria declined to comment on the new regulations, but the Home Affairs Ministry spokesman said his department's part of the "package" had been withheld from publication for some weeks already while National Health drew up its regulations. He said it was important to note the new regulations did not imply the summary repatriation of AIDS sufferers. Somebody declared a prohibited person, in this case on the evidence of a medical officer, can appeal to the Immigrants Appeal Board. "It is only when all procedures have been gone through and the board has upheld the decision, that repatriation can take place," he said.

The wide-ranging Health Department regulations, made in terms of the Health Act, provides for local authorities medical officers to close any teaching institution, place of public entertainment, reception or amusement within its district, if it is "reasonably satisfied" that the spread of a communicable disease which has occured will constitute a real danger to health.

It may also "regulate or restrict attendance by any person" and "regulate, restrict or prohibit the holding of or attendance at any meeting, reception or other public gathering."

Furthermore, it may place under "quarantine" anybody suffering or suspected to be suffering from one of the diseases, and anybody who has been in contact.

Higher authorities have to be notified immediately.

The orders which may be issued have a maximum limit of 14 days but can be extended to 28 days or more by the minister.

Persons placed under quarantine or other conditions in terms of the orders will be "obliged" to follow and adhere to reasonable instructions by medical officers. Those who do not may be detained and handed over for "medical observation, examination or supervisions as determined by a medical offers."

"Any degree of force" needed "reasonably necessary in the circumstances" may be used.

/3309
CSO: 54000011

MINISTER URGES AIDS TEST FOR FOREIGN WORKERS

MB270750 Johannesburg SAPA in English 0729 GMT 27 Oct 87

[Text] Pretoria, Oct 27, SAPA—The minister of national health and population development, Dr Willie van Niekerk, said the feared AIDS virus had the potential to bring about the greatest number of deaths that man has ever experienced from a disease, SABC radio news reports.

He was addressing the opening of the Institute for Public Health in Pretoria today.

Dr van Niekerk said Africa had the highest incidence of AIDS-infected people in the world and that South Africans should be protected against workers from countries like Malawi, Zambia and Tanzania, who could be carrying the virus. They would have to undergo tests for the virus before they were allowed to work in South Africa.

The minister said the public would have to be educated in ways of preventing and spreading the virus. The congress ends on Thursday.

/8309
CSO: 54000011

BRIEFS

NO AIDS CASES REPORTED IN KWAZULU--No cases of the killer Aids have been found in KwaZulu--but monitoring programmes have been set up and the situation is being closely watched. The secretary for Health and Welfare, Dr Darryl Hackland, said there had not been a confirmed case although one carrier had been identified. "We have set up a committee to formulate our programme and our education drive," said Dr Hackland. Booklets which contained the basic facts about Aids and which would be given to patients at all the clinics is KwaZulu were also being printed. [Text] [Durban THE DAILY NEWS in English 2 Jul 87 p 7] /9274

CSO: 5400/0217

STOCKHOLM AUTHORITIES AIM CAMPAIGN TO ERADICATE GONORRHEA

54002410 Stockholm DAGENS NYHETER in Swedish 15 Oct 87 p 20

[Article by Gun Leander: "Campaign In Stockholm To Eradicate Gonorrhea"]

[Text] Gonorrhea, the veneral disease, is to be eradicated in Stockholm. This is the aim of a new campaign starting in October.

"We'll try to initiate a more intensive tracing of contacts," said Carl-Fredrik de Ron, Stockholm's doctor of preventive medicine. "This ought to be easier today, with AIDS being the real threat. AIDS has made people more aware of infections which can be transmitted through sexual contact."

One of the differences between AIDS and gonorrhea is that the latter disease is easy to treat and is not fatal. However transmission is the same, i.e. via sexual contact. The largest affected group is heterosexual youth. When gonorrhea was at its worst, in the 70's, the number of those affected was as high as about 11,000 cases annually in Stockholm as opposed to just above 1,000 cases last year. The province of Stockholm has one-third of all cases in the country, meaning a campaign here will have effects on public health throughout all of Sweden.

"I may not think we can get the number of gonorrhea cases down to zero, but anyway we'll try to get there," Carl-Fredrik de Ron said. The aim of the campaign is reducing the number of "imported cases" of gonorrhea from abroad and other countries.

Difficult To Trace

It is often difficult to trace the contacts of those who come for medical care of gonorrhea. Specially trained social welfare workers can nevertheless do a great deal, using their experience to create a trusting relationship with patients. Preventive work is very much based on the patient's readiness to provide information.

This work is simplified by the fact that physicians can make "fingerprints" of each and every gonococcus strain, using monoclonal antibodies. The same gonococcus strains turn up in people in the same chain of infection. Although

penicillin-resistant gonorrhea at a level of about 175 cases per annum was introduced into the country by carriers of the infection, no such bacterial strains have managed to become established here. According to the latest issue of LAKARTIDNINGEN, the reason for this is that technical research is rapidly done which reveals the resistance and proper treatment undertaken. Thanks to cooperation between the laboratory and the venereal diseases department, the chain of infection can frequently be tracked before resistant gonorrhea strains are able to spread.

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LARGE DECLINE IN SPREAD OF AIDS REPORTED

Official Confident Worst Over

54002423 Stockholm DAGENS NYHETER in Swedish 16 Nov 87 p 6

[Article by Mats Holmberg: "Spread Of HIV Virus Reduced"]

[Text] The spread of the HIV virus in Sweden has greatly decreased. This is shown by the latest figures for the number of known HIV-positive Swedes.

Between 1 November 1986 and 1 November 1987, 245,000 persons were tested, of whom 420 proved to be HIV-positive. Just as many--420--were reported in an earlier 12-month period, although only 80,000 persons were tested. Up through 1 November 1985, 20,000 persons were tested. 815 had the HIV virus.

Among those tested, the percentage of those carrying the virus--slightly more than four percent--has thus fallen to 0.17.

Overall, there are slightly more than 1,600 known HIV virus cases in Sweden today.

"There may still be people who were infected a long time ago who have not been tested," said Professor Lars Olof Kallings of the National Bacteriological Laboratory. "But everything indicates that the worst of the spread of the virus is behind us."

American Report

According to an American report on AIDS commissioned by the White House, the dimensions of the epidemic in the US have been greatly exaggerated. The real figure for those infected with HIV should be 680,000--not the 1.5 million previously announced. The disease is almost entirely limited to the two groups of homosexual and bisexual men and intravenous drug users. The report states that all 1,700 heterosexuals with the HIV virus were infected through contacts with these groups or through blood transfusions.

"I don't think there is any basis for such conclusions in the US," said Lars Olof Kallings. "No overall systematic study has been done. And in Sweden we are worried by the American position that there is no heterosexual infection. Such infection is documented in both Sweden and other countries."

Since HIV is included in the Swedish protective law on infection, the situation in Sweden is better documented than in the US. But here as well, information on the true number of those infected with HIV is based on guesses.

"We think five percent of all homosexual and bisexual men are infected," said Lars Olof Kallings. "But we don't know how many homosexual and bisexual men there are. In the worst instance, the slightly more than 1,600 known cases may translate into 5,000-6,000 who are in fact infected."

34 Per Month

In the last year, a monthly average of 34 new cases of HIV infection was reported.

According to Lars Olof Kallings, there is no longer any galloping spread. But the situation is still serious.

"What is alarming, for example, is the trend among that group of Stockholm homosexuals and bisexuals which is being closely monitored," he said. "Each year three to five percent of them get infected even though they have been given extensive information. Another new development is that now the HIV infection is also found among heterosexuals."

At present the number of known cases of Swedish heterosexuals infected with HIV is approximately 90.

Better Protection For Physicians

Stockholm DAGENS NYHETER in Swedish 12 Nov 87 p 22

[Article by Carin Stahlberg: "AIDS In The Health Care System: Better Materiel Reduces Risks"]

[Text] Goteborg--Thicker gloves, heavier operating thread and safer health care equipment. These reduce the risks of health care workers being infected by HIV on the job.

"We have done a study of materiel, instruments and risk situations in the health care system. We have discarded inferior and worn out equipment and examined how and when health care workers cut themselves or prick themselves on hypodermic needles and sutures," said Dr Ake Brandberg, the head of Goteborg's infectious hygiene laboratory.

This inventory is the only one of its kind in the country and aims in the long run at reducing the risks to health care workers of being infected by HIV on the job.

"For example, in intestinal surgery, surgeons or surgical assistants usually cut themselves with the special thin operating thread which they use. The thread is used frequently but will be exchanged for another type," Ake Brandberg said.

Orthopedic surgeons have also "rethought" the matter and begun to use thicker gloves when they operate. Pathologists are another group which has gotten a new so-called chain mail glove.

But Ake Brandberg believes providing health care workers with protective garments and gloves to protect them from the HIV virus is not the only way to help them.

"You can't condomize the staff. Other measures are necessary. We have to see if working conditions and materiel can be improved."

An an example, he cites the case of a nurse who took a blood sample from a patient infected with HIV. As she was transferring the blood into a test tube, she missed and pricked her hand.

Metal Plate

Today there is a metal plate surrounding the hypodermic needle which makes it impossible for someone to prick themselves in this way.

"Such an accident can't happen today. But if we had known about it before, we could have prevented it before the nurse pricked herself," Ake Brandberg said.

For this reason, he urges health care workers throughout the country to report all injuries which occur arising from pricks and cuts. This currently does not happen.

At Goteborg's Sahlgrenska Hospital, 69 injuries arising from pricks and cuts were reported in 1986. Ake Brandberg estimates the actual figure at 3,000.

"If we can't prove these injuries are taking place, we won't get any money to prevent them."

Praise From WHO Official

Stockholm DAGENS NYHETER in Swedish 12 Nov 87 p 22

[Article by Kerstin Hellbom: "Sweden Praised On AIDS Effort"]

[Text] In November, WHO, the World Health Organization, had recorded 62,811 AIDS cases in 127 different countries.

"But we believe the real number of AIDS cases in the world is at least 150,000," said Jonathan Mann, the head of WHO's AIDS program.

Yesterday he was in Sweden on a quick visit to bring representatives from municipalities, county councils and various organizations up to date on WHO's AIDS program, and the Ministry of Health and Social Affairs even managed to squeeze a short press conference into his crowded schedule.

Present at the conference were cabinet minister Gertrud Sigurdsen and Professor Lars Olof Kallings of the National Bacteriological Laboratory, both of whom

looked pleased as Jonathan Mann over and over again praised Swedish anti-HIV and AIDS efforts.

"We view Sweden as a world leader," he said.

From WHO's statistics on AIDS cases, it is apparent, broadly speaking, that the disease is present throughout the world.

WHO's AIDS program is aimed primarily at two goals: one, with financial, medical and moral support as well, helping various countries to put together their own AIDS programs; and two, serve as a platform for international cooperation on AIDS issues.

For this, a budget of approximately 222 million kronor is needed in 1987. Sweden is the member country which has made the largest financial commitment of altogether 82 million kronor.

Support System

After his briefing Jonathan Mann answered questions about both goals and disclosed that:

he is not particularly enthusiastic about HIV testing an entire population. Before something of this sort is done, the rationale must be known, those tested must be involved, and there must be a support system for those found to be infected;

he thinks that HIV-infected pilots, for example, can very well continue to work. There is a greater safety danger if they have psychological or alcohol problems, for example;

"special measures" must be directed at those infected with HIV who knowingly continue to spread the infection and thus pose a threat to others;

he does not wish to criticize Australia's AIDS campaign, which was entirely based on scaring people. The campaign was nevertheless very effective;

he believes that the way a society handles its HIV cases reveals what sort of society it is.

Young Men Risk Group

Stockholm SVENSKA DAGBLADET in Swedish 4 Nov 87 p 16

[Article by Jan Thorsson: "'Young Men The Next Aids Risk Group'"]

[Text] Dalby (SVENSKA DAGBLADET)--"If the AIDS campaign is now to be aimed at one particular group, it should be men between the ages of 20 and 40."

So said Dr Hans-Bertil Hansson, a specialist in preventive medicine, during Tuesday's AIDS discussion at the Dalby symposium outside Lund.

"This is the group which is the most sexually active and was so in the years when AIDS was around," said Hans-Bertil Hansson, who said that the epidemic watch for AIDS is a very big problem in Sweden just as it is world-wide.

"The world-wide figures we have are based on the numbers of cases 5-8 years ago, and it's almost as bad in Sweden."

Hans-Bertil Hansson is also worried that the AIDS information campaign has not had the intended effect. The reason for his concern is the fact that of the 32 known cases in Malmohus county, half were infected in the last year.

A second warning sign Hans-Bertil Hansson drew attention to was the fact that of the 100 homosexual men Ven-halsa [Pal Health] has followed closely for several years in Stockholm, five new cases of infection have turned up every year, this in spite of a great deal of personally delivered information.

The Malmohus county doctor in charge of preventive medicine supports the notion that the Malmohus county council should start a methadone program to prevent the spread of HIV among drug addicts.

The county council recently asked the social welfare office to begin a methadone program for drug addicts, something seen as very controversial by the drug addict health care system and which, for the time being, would only operate at the Ullersker Hospital in Uppland.

Alcoholics New Risk Group

Stockholm SVENSKA DAGBLADET in Swedish 29 Oct 87 p 8

[Article by Holger Nilen: "'Alcoholics May Become The Next HIV Group'"]

[Text] "Alcoholics may become the next major HIV infection 'risk group.' Alcohol is still about as deadly for alcoholics as HIV."

The unanimous statement was made by the staff of the M79 alcohol unit of the Huddinge Hospital after its first HIV-positive patient was recently discharged.

"We were worried about how we and the unit would function with an HIV patient in our midst. It turned out to be a lot less dramatic than we had imagined," Annmarie Hogberg, the head of M79, told SVENSKA DAGBLADET.

According to Annmarie Hogberg, there are several reasons HIV infections can be expected to be proportionately commoner among alcoholics than others.

Combined Alcohol And Drug Abuse Common

"Combined alcohol and drug abuse is widespread among alcoholics, who occasionally use individual drug syringes. They don't have access to instruments of their own."

"Alcoholics often lead irregular lives and so can easily land up in 'wrong' beds, with everything that implies."

About 100 HIV tests have been administered at M79, all of which have been negative.

The HIV-positive patient was admitted after preparations lasting several months.

"The situation created an anxiety among staff which was very marked," reported Dr Johan Liljenberg, assistant head of the psychiatric clinic of Huddinge Hospital, in an article in LAKARTIDNINGEN.

Irrational Anxiety

"It was important to demonstrate that most of the anxiety was irrational. I, for example, have occasionally pricked my fingertips. But many members of a family of someone infected have also done so and not gotten infected."

"Were we right to endanger the treatment of other patients by helping someone infected with HIV whom all the other treatment homes had said no to?" Liljenberg wondered.

M79 works according to the American Hazelden model. For five weeks, patients work from morning to evening to realize each is responsible for his own alcoholism.

After lengthy discussions, a special HIV infection treatment plan is drawn up:

An HIV-positive patient must see to it himself that his razor is locked up.

If the dishwasher is not working, an HIV patient must see to it that his table implements are washed in the machine in the central kitchen.

If possible, the person infected with HIV should have his own room.

Did Not Report

"We decided to let the patient himself decide whether he should mention HIV, and he chose not to say anything."

Several patients subsequently learned that the man was infected with HIV. No patient heard this from the staff.

"To our own amazement, we often forgot his infection and hugged as usual when something important happened. Maybe because now it was a person, not a frightful disease," Johan Liljenberg explained.

The first HIV-positive patient at M79, the alcohol unit at the Huddinge Hospital, has now been discharged, is sober, and is in the post-care program.

AIDS Treatment Cost Estimate

Stockholm DAGENS NYHETER in Swedish 18 Nov 87 p 8

[Article by Micke Jaresand: "One Year's Health Care: AIDS Patient Costs A Million"]

[Text] It costs 860,000 kronor per year to provide medical care for an AIDS patient. The comparable figure for those infected with HIV is 181,000, and for those infected with HIV without symptoms, the annual cost of health care is 23,000 kronor.

This is the first time the actual costs of treating HIV and AIDS cases have been calculated. The study was done by a team from the Ministry of Health and Social Affairs and intended to serve as the basis for planning by county councils for future health care needs and costs.

The survey is based on 100 HIV-positive persons and 30 persons with AIDS selected at random from among the 1,000 cases known as of 30 June 1986.

Journals

Using medical journals, among other things, the team collected information on the number of institutional care days, specimens, physician visits, etc. for each individual patient.

All of this is reported on in a very detailed 50-page report.

Among other things, the survey shows that a patient who has developed AIDS uses drugs costing slightly more than 84,000 kronor per year. This figure is an average one and also includes treatment with the experimental drugs AZT and Foscarnet, which not all patients, for various reasons, will be treated with.

For an HIV-positive patient with symptoms, the cost of medicines is just about 12,000 kronor and for an HIV-positive person without symptoms, drugs cost only 400 kronor.

178 Days

An AIDS patient spends an average of 178 days per year being treated in a hospital and just about one month in the case of someone HIV-positive with symptoms, while someone who is HIV-positive without symptons requires only three days of institutional care.

On the other hand, the two last groups make more frequent use of outpatient care, infectious disease clinics and dermatological services respectively.

It is estimated a second part of the study will be finished some time in the spring of 1988.

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RESEARCHER: STOCKHOLM AIDS CASES TEN TIMES MORE BY 1991

Wider Use Of AZT

54002410b Stockholm SVENSKA DAGBLADET in Swedish 23 Sep 87 p 7

[Article by Holger Nilen: "Ten Times More AIDS Cases By 1991"]

[Text] By the start of 1991, there will be approximately 1,000 AIDS cases in the province of Stockholm. This is more than ten times the current number of cases.

All AIDS and HIV-infected patients in all the Nordic countries will soon be offered treatment weith AZT, the antiviral agent.

So reports Professor Sven Britton of Roslagstull Hospital in today's issue of LAKARTIDNINGEN.

The prediction for the direction AIDS will take in Stockholm and its environs is based on figures from the infectious disease clinics at Roslagstull and Danderyd Hospitals. About one-half of Swedish AIDS patients and upwards of 200 HIV-infected persons are cared for in those two institutions.

Fivefold

The prediction is that the number of AIDS cases will be between 230 and 280 by the beginning of 1989, 460-500 one year later, and between 800 and 1,000 by 31 December 1990 (of which 400 would still be alive). To this should be added 2,000 people infected with HIV who have symptoms of the disease. This starting with 73 AIDS cases as of 30 June of this year!

"One year ago at this time, we had two to three hospitalized AIDS patients for each given case. Now we have 14-15, meaning there's been a fivefold increase," Sven Britton told LAKARTIDNINGEN.

If this pattern of medical care continues at the same rate, the number of hospitalized AIDS patients will be 70 within a year.

Care

According to Britton, AIDS patients are "extensively cared for" today, owing to the fact that various treatment experiments are going on. Today, every third AIDS patient and every tenth person infected with HIV and showing symptoms of the disease requires daily hospital care.

"Our goal is to come down to a figure of 20 percent of AIDS patients requiring medical care," Britton said.

That will mean 80 daily AIDS patients and 100 persons infected with HIV and showing symptoms of the disease at Stockholm hospitals by the start of 1991.

So as to reduce hospital care time for AIDS patients, greater investment in home health care is needed as well as in care facilities such as hospices, which the Red Cross, among other groups, will invest in.

New drugs as well constitute an important element in bringing down the demand for health care. Thus far AZT (azidothymidine) is the one which has yielded the best results, despite serious side-effects such as anemia and bone marrow damage.

Cooperation

A formal decision is awaited in November on cooperation among the Nordic countries, whereby all AIDS and HIV patients would be offered AZT treatment. Altogether the treatment will be offered to 300 AIDS and 500 HIV patients.

Researchers will test three different dosages: 1,200 mg, 800 mg and 400 mg of AZT per day. The large group of those infected with HIV who do not have symptoms will receive even lower dosages, as low as 200 mg.

The annual cost per patient could be as high as 70,000 kronor.

There are now also plans to test the substance DDC, dideoxycytidine, on those with the HIV infection who do not have symptoms of the disease.

Preliminary reports show good results, among other things, when children with AIDS are treated with DDC.

Plans for the Nordic effort call for combined AZT and DDC treatment.

In LAKARTIDNINGEN, Sven Britton advances the hope that a greater number of those infected with HIV--and those who believe they are infected--will contact their doctors.

Teenage Girls At Risk

Stockholm SVENSKA DAGBLADET in Swedish 21 Sep 87 p 6

[Article by Eva Wrange: "HIV Threatens Teenage Girls"]

[Text] Young girls are now at high risk of getting the HIV infection. Their abusers' career begins with an older male amphetamines addict, who gets them started.

So says Carin Flemstrom, the principal social welfare inspector of the Maria Youth Unit in Stockholm.

She describes how boys start towards addiction, with open and early brushes with the law, whereas girls seek the city and "big" thrills in order to compensate for a lack of self-esteem.

"A 15-year-old girl and a male 25-to-30-year-old addict are a common pair. The male addict often surrounds himself with a bevy of young girls to whom he gives drugs and whom he exploits sexually, both for himself and for prostitution."

Declining Addiction

Carin Flemstrom thinks there is some encouragement in the fact that drug addiction among youth has declined. In 1978, one-half of the addicts at the Maria Youth Unit were heroin addicts. Last year, scarcely 10 years later, only 4 percent were heroin users.

"This is very heartening, but we must not be lulled into inaction, we must act now."

Between 600 and 700 youth pass through the Maria Youth Unit every year. Five doctors, 10 nurses, 19 social workers and 30 mental hygiene workers work side by side at the Unit to halt addiction among Stockholm youth.

"We have major resources and a team that functions well. This is what is needed to work on health care of abusers," said Lennart Alm, a social worker at the Maria Youth Unit.

Twelve Acute Care Beds

At the Maria there are 12 beds in the acute care department for admissions and connections to contact persons and then health care. But most contacts occur in the outpatient department, where medical, social and HIV cases are handled.

"Anyone whatsoever can come here at any hour of the day or night. It might be a frightened teenager who had unprotected sex or a parent who beat a child who had used drugs."

The Maria Youth Unit initiates LVU reports (obligatory youth health care), works with youth groups in all of Stockholm's social welfare districts and has treatment homes directly connected to it.

"We never let anyone go to a treatment home we don't trust."

Gentle Coercion

They also follow up on youth when their treatment is over.

"We work with coercion during treatment, but avoid it with people we don't know. We always try to work gently and respectfully and we're there for a long time afterward."

Lennart Alm emphasizes "being there for a long time afterward" for abusers. He also thinks the work should seek out even more so the youth groups really can be out in the streets and squares, available and well known to youth.

Problems Greater

"Addiction has declined. We have fewer than 20 heroin abusers this year. But we also see that the problems that exist are greater today. It is no longer socially acceptable to use drugs, so more abuse is being eliminated."

The Maria Youth Unit has been very successful treating drug addicts in Stockholm. Most agree on this. And its work is currently expanding with another department connected with Sankt Goran. Youth from the city's northern neighborhoods and suburbs will be able to go to Maria North.

But Lennart Alm does not think the methods are transferable to adult drug care.

"We find that those who don't make it here often have serious psychological disorders when they are abusing. They're the ones who go on to adult care. They are quite simply the hardest to treat."

Amphetamines Abusers Infected

Stockholm SVENSKA DAGBLADET in Swedish 21 Sep 87 p 6

[Article by Eva Wrange: "HIV Infection Spreads Among Amphetamine Abusers"]

[Text] The HIV infection has spread among amphetamine and alcohol/drug abusers. So says a study done at the Kronoberg Jail in Stockholm.

The study, which has been underway since January, has thus far covered 453 people. In all 59 HIV positives have been found among 409 intravenous abusers.

Between 15 and 20 percent of alcohol/drug abusers and 5 percent of those abusing only amphetamines are HIV positive, according to the study.

"The serious thing," said Robert Olin, professor of social medicine and an expert at the National Bacteriological Laborotory, "is that the nine recently detected cases are mostly among amphetamines abusers."

Robert Olin is the head of the so-called prison project, which will run for two years. During that period, it is estimated they will come into contact

with 75 percent of the intravenous abusers in Stockholm. At the Roslagstull Hospital, there is little surprise at the result.

"Figures Too Low"

"I think the figures are too low," said Dr Perolov Pherson, assistant head of the AIDS unit of the Roslagstull Hospital. "As early as two years ago, we made noises here that the infection had hit amphetamine abusers."

Gunnar Agren, currently the only social medical officer in the city of Stockholm, explained the discrepancies in the assessments of how many alcohol/drug and amphetamine abusers are infected:

"We find the heavy heroin abusers in well-defined groups and they are known to health care workers who work with drug addicts and to the social welfare department. However, those who use central nervous system stimulants are largely beyond the social net. That is why we're suddenly dealing with a lot of uncertain figures."

Wide Contact Areas

Gunnar Agren's data confirm the fact that the HIV infection is found among amphetamine abusers and thereby in a big group.

"Those who use central nervous system stimulants move around in the whole alcohol/drug abusers' group in Stockholm. We're talking about at least 10,000 people who abuse drugs and alcohol. This is also a group with wide contact areas generally speaking."

Those who use central system stimulants are also very sexually active. They can have sexual relations three or four times, then get sores and infections.

"Overall this does not bode well at all," Gunnar Agren said.

HIV Laboratory Under Construction

Stockholm SVENSKA DAGBLADET in Swedish 3 Oct 87 p 30

[Article: "HIV Laboratory In Solna Ready Next Year"]

[Text] Groundbreaking has taken place for the National Bacteriological Laboratory's new HIV safety laboratory in Solna. It is estimated the laboratory will be finished by May 1988; it will be used for the large-scale production of HIV (Human Immunodeficiency Virus) for research purposes and for the manufacture of material for HIV testing. The building will cost 14.3 million kronor and will occupy a space of 420 square meters.

"The safety laboratory is a resource we have long needed for Swedish research into developing anti-AIDS drugs and vaccines for HIV infections," said Professor Olof Kallings, the head of the National Bacteriological Laboratory.

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DOGS TO BE VACCINATED AGAINST VISCERAL LEISHMANIASIS

Lisbon EXPRESSO in Portuguese 10 Oct 87 p 8

[Text] Teams from the Ricardo Jorge Institute in Porto and the Tropical Medicine Institute in Lisbon are now planning a drive to vaccinate dogs on a massive scale in the city of Alijó in the Upper Douro, where the main active focus of "kalazar" has been discovered, which is a serious and relatively rare disease that can be transmitted from dogs to man by the bites of a small insect.

Also known as visceral Leishmaniasis, the disease has a high mortality rate for children and adults. If not treated in time, it is fatal 95 percent in the cases and is thus classified by the World Health Organization as one of the six priority diseases which health authorities are striving to eradicate.

The vaccine, which will be given to dogs in Alijó by veterinarians from the General Livestock Services Administration, was recenty developed by Loic Monjour, a French scientist, who will make a special trip to Portugal to oversee specialists from the two Portuguese institutes.

Prior to the vaccination drive, a pilot study was done in Alijó by veterinarians from the General Livestock Services Administration, involving the observation of 900 dogs and 4 vixens. Ten percent of the dogs studied had the visceral Leishmeniasis parasite. The vixens tested negative, but since the number of foxes tested was negligible, preparations will be made to study more foxes

At the same time, studies continue on the population at risk in the city (dog owners, their families and neighbors). At this point, specialists are unwilling to draw any firm conclusions on the prevalence of visceral Leishmaniasis in the area's human population.

It is known, however, that 80 percent of the visceral Leishmaniasis cases known in Portugal are clustered in the Upper Douro, and another smaller active focus is known in the Arrábide area.

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